

STATE OF ILLINOIS

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Facility Name & ID Number Alden Wentworth Rehab & HCC# 0026435 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>300</u>	Skilled (SNF)		<u>109,500</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>300</u>	TOTALS		<u>109,500</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>14,906</u>	<u>35</u>	<u>4,396</u>	<u>19,337</u>	8
9	SNF/PED					9
10	ICF	<u>38,328</u>	<u>58</u>	<u>267</u>	<u>38,653</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>53,234</u>	<u>93</u>	<u>4,663</u>	<u>57,990</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 52.96%

D. How many bed-hold days during this year were paid by Public Aid?

None (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)None

F. Does the facility maintain a daily midnight census?

YesG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐ NO ☒

I. On what date did you start providing long term care at this location?

Date started 09/09/81

J. Was the facility purchased or leased after January 1, 1978?

YES ☒ Date 09/09/81 NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒ NO ☐ If YES, enter number
of beds certified 86 and days of care provided 3,552Medicare Intermediary Administar Federal

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐Is your fiscal year identical to your tax year? YES ☒ NO ☐Tax Year: 12/31/03 Fiscal Year: 12/31/03

* All facilities other than governmental must report on the accrual basis.

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Facility Name & ID Number

Alden Wentworth Rehab & HCC

0026435

Report Period Beginning:

1/1/2003

Ending:

12/31/2003

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	218,307	28,956	2,100	249,363	363	249,726		249,726		1
2	Food Purchase		302,171		302,171	(32,479)	269,692	(6,841)	262,851		2
3	Housekeeping	206,837	37,614		244,451	179	244,630		244,630		3
4	Laundry	55,709	27,605		83,314	121	83,435		83,435		4
5	Heat and Other Utilities			224,689	224,689		224,689	198	224,887		5
6	Maintenance	63,931		108,775	172,706		172,706	8,716	181,422		6
7	Other (specify):*										7
8	TOTAL General Services	544,784	396,346	335,564	1,276,694	(31,816)	1,244,878	2,073	1,246,951		8
	B. Health Care and Programs										
9	Medical Director			42,000	42,000		42,000		42,000		9
10	Nursing and Medical Records	1,840,270	83,862	7,200	1,931,332	3,331	1,934,663	(34,672)	1,899,991		10
10a	Therapy										10a
11	Activities	67,087	4,642	3,715	75,444	162	75,606		75,606		11
12	Social Services	32,100			32,100		32,100		32,100		12
13	Nurse Aide Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,939,457	88,504	52,915	2,080,876	3,493	2,084,369	(34,672)	2,049,697		16
	C. General Administration										
17	Administrative	162,497			162,497		162,497		162,497		17
18	Directors Fees										18
19	Professional Services			949,196	949,196	(24,427)	924,769	(882,713)	42,056		19
20	Dues, Fees, Subscriptions & Promotions			41,683	41,683		41,683	(31,342)	10,341		20
21	Clerical & General Office Expenses	436,825	15,273	47,640	499,738	128	499,866	(25,789)	474,077		21
22	Employee Benefits & Payroll Taxes			392,511	392,511	28,195	420,706	43,572	464,278		22
23	Inservice Training & Education										23
24	Travel and Seminar			502	502		502	12,082	12,584		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			205,521	205,521		205,521	280	205,801		26
27	Other (specify):* Bad Debt			(1,526)	(1,526)		(1,526)	1,526			27
28	TOTAL General Administration	599,322	15,273	1,635,527	2,250,122	3,896	2,254,018	(882,384)	1,371,634		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,083,563	500,123	2,024,006	5,607,692	(24,427)	5,583,265	(914,983)	4,668,282		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

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Facility Name & ID Number

Alden Wentworth Rehab & HCC

#0026435

Report Period Beginning:

1/1/2003

Ending:

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V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			80,246	80,246		80,246	171,510	251,756			30
31	Amortization of Pre-Op. & Org.							1,679	1,679			31
32	Interest			193,803	193,803		193,803	72,113	265,916			32
33	Real Estate Taxes			293,993	293,993	24,427	318,420	6,920	325,340			33
34	Rent-Facility & Grounds			1,176,048	1,176,048		1,176,048	(1,176,048)				34
35	Rent-Equipment & Vehicles			12,922	12,922		12,922	22,269	35,191			35
36	Other (specify):* MIP							13,002	13,002			36
37	TOTAL Ownership			1,757,012	1,757,012	24,427	1,781,439	(888,555)	892,884			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		188,218	245,605	433,823		433,823	(37,052)	396,771			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			164,250	164,250		164,250		164,250			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		188,218	409,855	598,073		598,073	(37,052)	561,021			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,083,563	688,341	4,190,873	7,962,777		7,962,777	(1,840,590)	6,122,187			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

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Facility Name & ID Number Alden Wentworth Rehab & HCC

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VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	159,105	30		9
10	Interest and Other Investment Income	(290)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(102)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(48,908)	21		17
18	Fines and Penalties	(5,450)	32		18
19	Entertainment				19
20	Contributions	(2,556)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(17,888)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	1,526	27		24
25	Fund Raising, Advertising and Promotional	(25,752)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ 59,685		\$	30

OHF USE ONLY						
48		49	50	51	52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
	Amortization of Organization &			
33	Pre-Operating Expense			33
	Adjustments for Related Organization			
34	Costs (Schedule VII)	(716,660)	various	34
35	Other- Attach Schedule	(1,183,615)	pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,900,275)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,840,590)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	\$		38
39			X			39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Alden Wentworth Rehab & HCC

ID# 0026435

Report Period Beginning: 1/1/2003

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	LATE FEE ON UTILITIES	\$ (3,402)	5	1
2	LATE FEE ON TELEPHONE	22	21	2
3				3
4	INTERCOMPNY INTEREST	(188,353)	32	4
5	VOID '02 AUL CKS	(8,322)	22	5
6	BAD DEBT ADJ	(3,302)	27	6
7	BACK OUT NON ALLOW. BAD DEBT ADJ.	3,302	27	7
8	VOID ANB CKS - '00, '01, AND '02 (R&M)	(4,867)	6	8
9	MORTGAGE INTEREST	204,433	32	9
10	ELIMINATE RENT EXPENSE	(1,176,048)	34	10
11	MORTGAGE INSURANCE PREMIUM	13,002	36	11
12	RECORD ADD'L DEF MAINT. EXP.	1,190	6	12
13	Add back Therapeutic Interest (part of 7031)	13,261	32	13
14	Back out 30.13% of IHCA dues	(3,579)	20	14
15	Backout prior yr vend. Settlement costs (maint.)	16,963	6	15
16	RC f21 t6 - misc vend sett.	(16,963)	6	16
17	RC f21 t6 - misc vend sett.	16,963	21	17
18	Adj deprec exp to correct amount - for painting	1,190	6	18
19	Marketing Manager	(42,601)	21	19
20	Marketing Employ.Benefits Deduction	(6,504)	22	20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(1,183,615)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning:

1/1/2003

Ending:

12/31/2003

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(102)	0	0	(6,739)	0	0	0	0	0	0	0	(6,841)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,402)	0	3,600	0	0	0	0	0	0	0	0	198	5
6	Maintenance	(2,487)	0	11,689	0	0	0	(26)	(460)	0	0	0	8,716	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(5,991)	0	15,289	(6,739)	0	0	(26)	(460)	0	0	0	2,073	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	(34,376)	(296)	0	0	0	0	0	0	(34,672)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	(34,376)	(296)	0	0	0	0	0	0	(34,672)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(17,888)	0	(864,825)	0	0	0	0	0	0	0	0	(882,713)	19
20	Fees, Subscriptions & Promotions	(31,887)	0	545	0	0	0	0	0	0	0	0	(31,342)	20
21	Clerical & General Office Expenses	(74,524)	0	32,090	12,164	4,481	0	0	0	0	0	0	(25,789)	21
22	Employee Benefits & Payroll Taxes	(14,826)	0	57,377	0	1,021	0	0	0	0	0	0	43,572	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	12,082	0	0	0	0	0	0	0	0	12,082	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	280	0	0	0	0	0	0	0	0	280	26
27	Other (specify):*	1,526	0	0	0	0	0	0	0	0	0	0	1,526	27
28	TOTAL General Administration	(137,599)	0	(762,451)	12,164	5,502	0	0	0	0	0	0	(882,384)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(143,590)	0	(747,162)	(28,951)	5,206	0	(26)	(460)	0	0	0	(914,983)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning:

1/1/2003

Ending:

12/31/2003

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)
	D. Ownership												
30	Depreciation	159,105	0	10,584	0	1,821	0	0	0	0	0	0	171,510 30
31	Amortization of Pre-Op. & Org.	0	0	1,625	0	0	54	0	0	0	0	0	1,679 31
32	Interest	23,601	0	48,019	0	411	82	0	0	0	0	0	72,113 32
33	Real Estate Taxes	0	0	6,749	0	171	0	0	0	0	0	0	6,920 33
34	Rent-Facility & Grounds	(1,176,048)	0	0	0	0	0	0	0	0	0	0	(1,176,048) 34
35	Rent-Equipment & Vehicles	0	0	22,269	0	0	0	0	0	0	0	0	22,269 35
36	Other (specify):*	13,002	0	0	0	0	0	0	0	0	0	0	13,002 36
37	TOTAL Ownership	(980,340)	0	89,246	0	2,403	136	0	0	0	0	0	(888,555) 37
	Ancillary Expense												
	E. Special Cost Centers												
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0 38
39	Ancillary Service Centers	0	0	0	(13,196)	(19,201)	(4,655)	0	0	0	0	0	(37,052) 39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0 40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0 41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0 42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 43
44	TOTAL Special Cost Centers	0	0	0	(13,196)	(19,201)	(4,655)	0	0	0	0	0	(37,052) 44
	GRAND TOTAL COST												
45	(sum of lines 29, 37 & 44)	(1,123,930)	0	(657,916)	(42,147)	(11,592)	(4,519)	(26)	(460)	0	0	0	(1,840,590) 45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Alden Management Services	100	See pg 6k	See pg 6k	See pg 6k	See pg 6k	See pg 6k

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger	4 Amount	5 Cost to Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
			Item		Name of Related Organization				
1	V		See the following page 6's	\$			\$	\$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$			\$	\$ *	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	22 employee benefits	\$	Alden Management Services		\$ 57,377	\$ 57,377
16	V	19 profess. Fees	880,800	Alden Management Services		15,975	(864,825)
17	V	21 g & a		Alden Management Services		32,090	32,090
18	V	5 utilities		Alden Management Services		3,600	3,600
19	V	6 maintenance		Alden Management Services		11,689	11,689
20	V	24 auto/travel		Alden Management Services		12,082	12,082
21	V	26 Insurance		Alden Management Services		280	280
22	V	20 subscriptions/etc		Alden Management Services		545	545
23	V	30 depreciation		Alden Management Services		10,584	10,584
24	V	31 amortization		Alden Management Services		1,625	1,625
25	V	33 real estate tax		Alden Management Services		6,749	6,749
26	V	34 rent		Alden Management Services			
27	V	35 rent-equip/vehicles		Alden Management Services		22,269	22,269
28	V	32 interest		Alden Management Services		48,019	48,019
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 880,800			\$ 222,884	\$ * (657,916)

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	2 tube-feeding	\$ 28,803	Pyramid Health Care	100.00%	\$ 22,064	\$ (6,739)	15
16	V	10 nursing supplies	37,168	Pyramid Health Care		2,792	(34,376)	16
17	V	39 per diems/other supplies	28,688	Pyramid Health Care		15,492	(13,196)	17
18	V	21 gen'l& admin		Pyramid Health Care		12,164	12,164	18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 94,659			\$ 52,512	\$ * (42,147)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 drugs	\$ 69,617	Forum Extended Care II	100.00%	\$ 58,813	\$ (10,804)
16	V	10 houswe stock	1,909	Forum Extended Care II		1,613	(296)
17	V	39 I.V.	54,110	Forum Extended Care II		45,713	(8,397)
18	V	22 employee benefits		Forum Extended Care II		1,021	1,021
19	V	21 gen'l & admin		Forum Extended Care II		4,481	4,481
20	V	32 interest		Forum Extended Care II		411	411
21	V	33 real estate tax		Forum Extended Care II		171	171
22	V	30 depreciation		Forum Extended Care II		1,821	1,821
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 125,636			\$ 114,044	\$ * (11,592)

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 therapy	\$ 241,223	Community Physical Therapy	100.00%	\$ 236,568	\$ (4,655)
16	V	32 interest		Community Physical Therapy		82	82
17	V	31 amortization		Community Physical Therapy		54	54
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 241,223			\$ 236,704	\$ * (4,519)

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	6 repairs and maintenance	\$ 8,152	Alden Bennett Construction		\$ 8,126	\$ (26)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 8,152			\$ 8,126	\$ * (26)

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	6 CARPET CLEANING	\$ 1,414	ALDEN REALTY - CARPET CARE		\$ 1,316	\$ (98)
16	V	6 FLOOR CLEANING	6,370	ALDEN REALTY - FLOOR CARE		6,008	(362)
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 7,784			\$ 7,324	\$ * (460)

* Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLINOIS

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Facility Name & ID Number ALDEN NURSING CENTER - WENTWORTH

002-6435

Report Period Beginning 01/01/03

Ending: 12/31/03

RELATED NURSING HOMES	
Name	City
Note: ANC = Alden Nursing Center	
ANC Lakeland	Chicago
ANC Long Grove	Long Grove
ANC Heather	Harvey
ANC Lincoln Park	Chicago
ANC Northmoor	Chicago
ANC Town Manor	Chicago
ANC Terrace of McHenry	McHenry
ANC Morrow	Chicago
ANC Waterford	Aurora
ANC Naperville	Naperville
ANC Valley Ridge	Bloomington
ANC Village for Children & Young Adults	Bloomington
ANC Orland Park	Orland Park
ANC Princeton	Chicago
Alden of Old Town East	Bloomington
Alden of Old Town West	Bloomington
Alden Trails	Bloomington
Alden Northshore	Skokie
ANC Des Plaines	Des Plaines
ANC Des Plaines	Des Plaines
ANC Alma Nelson	Rockford
ANC Park Stratmoor	Rockford
ANC Meadow Park	Rockford
ANC Poplar Creek	Hoffman Estates
ANC Governor's Park of Barrington	Barrington

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
The Forum Prof. Center	Chicago	Office rental
Pyramid Health Care	Chicago	Nursing supplies
Forum Extended Care II	Chicago	Pharmacy
Alden Management	Chicago	Management
Alden Estates of Evanston	Evanston	Assisted living
Community Physical Therapy	Wood Dale	Therapy provider
Courts of Waterford	Aurora	Alzheimers unit
Gardens of Waterford	Aurora	Assisted living

STATE OF ILLINOIS

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Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg	President/CEO		100.00	327,842	2.16	5.40	Salary	\$ 18,710	17-1	1
2	Lauren Magnussen	Clinical Coordinator	Nurse Consult	A	82,365	2.16	5.40	Salary	4,700	10-1	2
3	Terry Magnussen	Maintenance Suprv.	Maintenance	A	79,649	2.16	5.40	Salary	4,545	6-1	3
4											4
5											5
6											6
7	a. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	b. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										8
9	c. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										9
10											10
11											11
12											12
13								TOTAL	\$ 27,955		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME. ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Wentworth Rehab & HCC # 0026435 Report Period Beginning: 1/1/2003 Ending: 2/31/2003

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization Alden Management Services, Inc.
 Street Address 4200 W. Peterson
 City / State / Zip Code Chicago, IL 60646
 Phone Number (773) 286-3883
 Fax Number (773) 286-3743

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	See pg 8A (also on page 6A)				\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Proforma interest expense						\$		\$			\$	1
2	on sale / leaseback		X	mortgage	\$33,979.00	11/82	5,163,500	2,600,423	2012	0.0750	204,433		2
3													3
4													4
5													5
	Working Capital												
6	Related Party - AMS & T Syst	X		Working Capital							61,280		6
7	Related Party - FECII	X		Working Capital							411		7
8	Realted Party - CPT	X		Working Capital							82		8
9	TOTAL Facility Related				\$33,979.00		\$ 5,163,500	\$ 2,600,423			\$ 266,206		9
	B. Non-Facility Related*												
10	Interest Income on Corp										(290)		10
11													11
12													12
13													13
14	TOTAL Non-Facility Related						\$		\$			\$ (290)	14
15	TOTALS (line 9+line14)						\$ 5,163,500	\$ 2,600,423			\$ 265,916		15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 13,002 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning:

1/1/2003

Ending:

12/31/2003

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2002 report.		\$ 379,161	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$ 333,154	2
3. Under or (over) accrual (line 2 minus line 1).		\$ (46,007)	3
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ 340,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$ 24,427	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$ 318,420	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	1998 354,233 8		
	1999 351,845 9		
	2000 554,057 10		
	2001 568,567 11		
	2002 333,154 12		
Accrual based on 2% increase over prior year bill.			
		13 FROM R. E. TAX STATEMENT FOR 2002 \$	13
		14 PLUS APPEAL COST FROM LINE 5 \$	14
		15 LESS REFUND FROM LINE 6 \$	15
		16 AMOUNT TO USE FOR RATE CALCULATION \$	16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Wentworth Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0026435

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE 773-286-3883 FAX #: 773-286-3743

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2002.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>20-21-413-034-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,356.43</u>	\$ <u>1,356.43</u>
2. <u>20-21-414-001-0000</u>	<u>Nursing Home Facility</u>	\$ <u>20,144.56</u>	\$ <u>20,144.56</u>
3. <u>20-21-414-003-0000</u>	<u>Nursing Home Facility</u>	\$ <u>16,887.66</u>	\$ <u>16,887.66</u>
4. <u>20-21-414-004-0000</u>	<u>Nursing Home Facility</u>	\$ <u>377.82</u>	\$ <u>377.82</u>
5. <u>20-21-414-016-0000</u>	<u>Nursing Home Facility</u>	\$ <u>26,672.39</u>	\$ <u>26,672.39</u>
6. <u>20-21-414-017-0000</u>	<u>Nursing Home Facility</u>	\$ <u>98,578.32</u>	\$ <u>98,578.32</u>
7. <u>20-21-414-018-0000</u>	<u>Nursing Home Facility</u>	\$ <u>59,246.71</u>	\$ <u>59,246.71</u>
8. <u>20-21-414-019,20,21,31,32-0000</u>	<u>Nursing Home Facility</u>	\$ <u>109,890.85</u>	\$ <u>109,890.85</u>
9. _____	<u>Related Party - Alden Management</u>	\$ <u>125,008.00</u>	\$ <u>6,749.00</u>
10. _____	<u>Related Party - Forum</u>	\$ <u>8,317.00</u>	\$ <u>171.00</u>
	TOTALS	\$ <u><u>466,479.74</u></u>	\$ <u><u>340,074.74</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill which is normally paid during 2003.

12/31/2003

A.	Square Feet:	89,814	B. General Construction Type:	Exterior	brick	Frame	steel	Number of Stories	4
C.	Does the Operating Entity?	<input type="checkbox"/> (a) Own the Facility	<input type="checkbox"/> (b) Rent from a Related Organization.	<input checked="" type="checkbox"/> (c) Rent from Completely Unrelated Organization.					
(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)									
D.	Does the Operating Entity?	<input type="checkbox"/> (a) Own the Equipment	<input type="checkbox"/> (b) Rent equipment from a Related Organization.	<input checked="" type="checkbox"/> (c) Rent equipment from Completely Unrelated Organization.					
(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)									
E.	List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).								

1. Total Amount Incurred:	_____	2. Number of Years Over Which it is Being Amortized:	_____
3. Current Period Amortization:	_____	4. Dates Incurred:	_____

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

A. Land.

	1	2	3	4
	Use	Square Feet	Year Acquired	Cost
1	Building	71,388		\$ 132,461
2				
3	TOTALS	71,388		\$ 132,461

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning:

1/1/2003

Ending:

12/31/2003

XL OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	300		1981	1981	\$ 5,261,267	\$	35	\$ 150,322	\$ 150,322	\$ 3,404,338	4
5											5
6											6
7											7
8	related party-forum			1978	15,909		22			15,909	8
	Improvement Type**										
9	Paving/Utility Work and Landscaping			1981	309,353		10-40	7,393	7,393	200,557	9
10	Tile			1982	1,873		10			1,873	10
11	Metal Trimwork/Tile/Nurse Station/AC			1983	3,286		8-20			3,286	11
12	Grab Bar/ Electrical work/Carpentry			1984	42,456		3-27	1,390	1,390	40,074	12
13	boiler			1985	4,000		10			4,000	13
14	Resurfacing/Tuckpointong/Freezer Repairs/Motors			1986	52,147		3-5			52,147	14
15	Heating Repairs			1987	3,410		10			3,410	15
16	Glass/Pump repairs/electrical work			1988	13,872		5-10			13,872	16
17	condensor repair/HVAC-Misc Construction			1990	58,637		5-10			58,637	17
18	clean Boiler/TV Service/repairs tower belts/Glass			1991	61,199		5-10			61,199	18
19	Wire Partitioning/Transfer box/piping/drain/motor			1993	33,591	1,905	5-15	1,905		26,224	19
20	Plumbing/elevator/Pump Motor/Sink tops/Boiler			1994	28,780	1,561	15-20	1,561		14,941	20
21	Tile work/door frames/filter & pumpassembly/water			1995	27,562	2,706	10-12	2,706		6,063	21
22	Plumbing repairs			1996	4,560	456	10	456		3,534	22
23	Repair ramp lighting			1996	1,600	160	10	160		1,187	23
24	Install new flooring			1996	2,800	140	20	140		1,050	24
25	Install new flooring			1996	1,763	88	20	88		646	25
26	Install new flooring			1996	2,800	140	20	140		1,062	26
27	Install new flooring			1996	2,800	140	20	140		1,136	27
28											28
29	Repaired roof			1996	1,675	168	10	168		1,312	29
30	TV Antenna & Outlets			1997	2,298		5			2,298	30
31	Repaving			1997	3,305		5			3,305	31
32	Boiler parts			1997	4,938		5			4,938	32
33	Boiler repairs			1997	4,820		5			4,820	33
34	Install tubes for HVAC			1997	4,742		5			4,742	34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

STATE OF ILLINOIS

Page 12A

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning:

1/1/2003

Ending:

12/31/2003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37 Ejector pumps	1992	\$ 35,689	\$ 442	5-15	\$ 442		\$ 33,335		37
38 Wigdahl (Repair Lighting And lamps)	1998	3,886		5			3,886		38
39 Long Elevator (Installed Door retrictors)	1998	5,100	255	20	255		1,488		39
40 Midwest (Replace Booster Heater)	1998	3,359	336	10	336		1,932		40
41 Mr. Root (Repair Ejector Pumps)	1998	5,100	510	10	510		2,678		41
42 Mr rooter (repair Basement replacement pump	1998	2,600	260	10	260		1,322		42
43 Climate Service (Replace Hot Water Pump)	1998	6,237	416	15	416		2,114		43
44 ABC Tank replacement	1999	12,409	827	15	827		3,309		44
45 alden Bennett	1999	11,000	1,100	10	1,100		5,683		45
46 North Town Food Service (Install booster heater)	1999	1,674	167	10	167		823		46
47 Fox Vallev Fire & Safety	1999	2,690	179	15	179		792		47
48 alden Bennett(Carpentry LAbor0	1999	5,954	595	10	595		2,630		48
49 Alden Bennett (Specialty Prooducts)	1999	4,647	465	10	465		2,052		49
50 Capps Plumbing & Sewer	1999	3,390	339	10	339		1,469		50
51 Fox Vallev Fire (Sprinkler System)	1999	2,981	199	15	199		845		51
52 Alden Bennett (Hardware)	1999	1,843	184	10	184		753		52
53 Alden Bennett (leasehold improvements)	2000	5,384	538	10	538		1,615		53
54 Alden Bennett (leasehold improvements)	2000	1,518	152	10	152		455		54
55 Climate Service (A/C Repair)	2000	9,393	1,879	5	1,879		7,358		55
56 Capps Plumbing & Sewer (Kitchen repair)	2000	2,842	568	5	568		2,274		56
57 Capps Plumbing Service (faucets)	2000	2,890	289	10	289		1,156		57
58 Kraft Paper Sales Co (Unside farbage to dumpster)	2000	1,258	126	10	126		493		58
59 Kraft Paper Sales Co (Walkoff Mats)	2000	1,884	377	5	377		1,476		59
60 New Horizons (telephone repair)	2000	3,756	376	10	376		1,440		60
61 Fox valley Fire & Safetv (smoke detector wiring)	2000	5,482	365	15	365		1,401		61
62 Patten Industries (heating repair)	2000	3,012	602	5	602		2,309		62
63 Climate Services (PVI Water heater)	1999	11,150	743	15	743		3,345		63
64									64
65									65
66									66
67									67
68									68
69									69
70 TOTAL (lines 4 thru 69)		\$ 6,112,571	\$ 19,754		\$ 178,859	\$ 159,105	\$ 4,024,990		70

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 6,112,571	\$ 19,754		\$ 178,859	\$ 159,105	\$ 4,024,990	1
2	Alden Bennet Construction 99 AJE (Sheet Metal Work)	1999	11,000	733	15	733		3,667	2
3	Alden Bennet Construction 99 AJE (Sheet Metal Work)	1999	11,000	733	15	733		3,667	3
4	Equipment International (doorlock electronic timer)	2000	1,655	166	10	166		648	4
5	DePaul Plumbing (installation of 1 1/2" water line)	2000	5,483	219	25	219		841	5
6	Svstem Electric (sprinkler pump motor & wiring)	2000	2,990	199	15	199		748	6
7	System Electric (various kitchen & laundry repairs)	2000	4,605	921	5	921		3,454	7
8	D.B.S Contracting (automatic lawn sprinkler system)	2000	44,985	1,799	25	1,799		6,598	8
9	GT Mechanical (HCVAC Repairs)	2000	439	88	5	88		314	9
10	Patten Industries (batteries for generator)	2000	1,857	371	5	371		1,269	10
11	GT Mechanical (replace cooling coils)	2000	2,500	250	10	250		896	11
12	GT Mechanical (replace cooling coils)	2000	14,200	1,420	10	1,420		5,088	12
13	Capps Plumbing (rebuilt toilet, two handle lavatory)	2000	2,395	160	15	160		625	13
14	Capps Plumbing (repair scullery drain install faucets)	2000	3,446	345	10	345		1,350	14
15	Install Coolant hoses, Lines, Heater	2001	2,443	489	5	489		1,466	15
16	Power supply and wiring re phone system	2001	7,258	726	10	726		2,177	16
17	Power supply and wiring re phone system	2001	1,663	166	10	166		485	17
18	Coker services-Boiler	2001	3,163	158	20	158		448	18
19	Capps Plumbing	2001	2,665	533	5	533		1,244	19
20	T&T	2001	1,756	351	5	351		790	20
21	Alden Bennett Construction Co.	2001	1,431	286	5	286		596	21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,239,505	\$ 29,868		\$ 188,973	\$ 159,105	\$ 4,061,360	34

**Improvement type must be detailed in order for the cost report to be considered complete.

STATE OF ILLINOIS

Page 12C

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning:

1/1/2003

Ending:

12/31/2003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 6,239,505	\$ 29,868		\$ 188,973	\$ 159,105	\$ 4,061,360	1
2	Capps Plumbing - Repiping & new faucets on kitchen dish washer	2002	1,170	234	5	234		449	2
3	Capps Plumbing - Repiping & new faucets on kitchen dish washer	2002	2,645	529	5	529		1,014	3
4	Healthcare Products - Repair Wheelchairs	2002	988	198	5	198		329	4
5	Washtown Equip - Repair Washer - motor bearings / valves / belts	2002	2,208	442	5	442		699	5
6	GT Mech - Repair boiler - gas valves	2002	1,143	229	5	229		457	6
7	GT Mech - Repair boiler - installed rebuild kit	2002	1,841	368	5	368		675	7
8	GT Mech - Repair boiler - replaced Chimney cap	2002	1,295	259	5	259		475	8
9	CSI Coker - Repair dishwasher	2002	4,279	856	5	856		1,712	9
10	Healthcare Products - Repair Wheelchairs	2002	1,721	344	5	344		688	10
11	Long Elev. And Machine Co. - repair elevator	2002	1,148	230	5	230		306	11
12	DBS Contracting	2002	2,699	540	5	540		765	12
13	CSI Coker - Repair cooking equip	2002	1,527	305	5	305		458	13
14	Capps Plumbing - Repair hot water system	2002	1,940	194	10	194		210	14
15	Capps Plumbing - Repair hot water system	2002	2,135	214	10	214		231	15
16	System Elec. - Installed conduit & wiring for fire alarm	2002	1,435	144	10	144		179	16
17	Capps Plumbing - Repair dish washer	2002	1,284	257	5	257		300	17
18	Svstem Elec. - Repair elevator	2002	1,363	136	10	136		216	18
19	ABC - Remodel Bathroom 1	2002	3,772	189	20	189		299	19
20	GT Mech - Scopper Boiler and Storage Tank	2002	14,500	967	15	967		1,531	20
21	ABC - Remodel Bathroom 2	2002	5,025	251	20	251		314	21
22	ABC - Leasehold Improvements	2002	11,627	581	20	581		678	22
23	Tvco - Smoke Detectors	2002	1,023	146	7	146		195	23
24	ABC - Smoke Dampers	2002	9,701	1,386	7	1,386		1,848	24
25	CSI - Repair Dishwasher	2003	1,886	346	5	346		346	25
26	GT Mech - Repair AC	2003	1,538	154	5	154		154	26
27	Simplex - Repair Drain System	2003	1,503	50	10	50		50	27
28	CAPPS - Repair water booster pump	2003	1,895	63	5	63		63	28
29	Simplex - Doors	2003	3,435	344	10	344		344	29
30	Simplex - Wet Chem System	2003	2,695	202	10	202		202	30
31	Directional Boring Services - Sprinkler System	2003	10,000	833	12	833		833	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,338,927	\$ 40,857		\$ 199,962	\$ 159,105	\$ 4,077,380	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 6,338,927	\$ 40,857		\$ 199,962	\$ 159,105	\$ 4,077,380	1
2									2
3	Related Party-Forum:								3
4	Leasehold Improvement-Remodeling	1980	16,755		20			16,755	4
5	Leasehold Improvement-Remodeling	1980	1,047		10			1,047	5
6	Leasehold Improvement-Remodeling	1986	559		5			559	6
7	Leasehold Improvement-Remodeling	1990	350		5			350	7
8	Leasehold Improvement-Remodeling	1991	82		5			82	8
9	Leasehold Improvement-Remodeling	1993	7,732		10			7,732	9
10	Leasehold Improvement-Remodeling	1993	6,056		9.7			6,056	10
11	Leasehold Improvement-sign	1994	226	14	12	14		120	11
12	Leasehold Improvement-dryvit	1995	384	24	10	24		203	12
13	Leasehold Improvement-new ac	1999	626	39	15	39		203	13
14	Leasehold Improvement-roof	1985	843	44	19	44		843	14
15	Leasehold Improvement-roof	1994	748	47	15	47		529	15
16	Leasehold Improvement-roof	1997	710	44	15	44		349	16
17	Leasehold Improvement-roof	1998	1,205	75	15	75		507	17
18	Leasehold Improvement-parking lot asphalt	2000	96	32	10	32		63	18
19	Leasehold Improvement-hallway lighting	2001	135	27	10	27		56	19
20	Leasehold Improvement-DAI	2001	169	17	10	17		53	20
21	Leasehold Improvement-bathrooms	2002	630	63	10	63		80	21
22	Leasehold Improvement-Remodeling	2002	91	18	5	18		36	22
23	Leasehold Improvements-Remodeling	2003	1,638	164	10	164		164	23
24	Leasehold Improvements-Remodeling	2003	105	4	4	4		4	24
25									25
26	Related Party-AMS:								26
27	Leasehold Improvement-Remodeling	1993	6,132		7			6,132	27
28	Leasehold Improvement-Remodeling	2002	5,020	627	7	627		4,392	28
29	Leasehold Improvement-Remodeling	2003	5,251	660	7	660		4,611	29
30									30
31									31
32									32
33	Forum Extended Care, LLC-building/building improv	1999	15,137	378	40	378		1,896	33
34	TOTAL (lines 1 thru 33)		\$ 6,410,654	\$ 43,134		\$ 202,239	\$ 159,105	\$ 4,130,202	34

**Improvement type must be detailed in order for the cost report to be considered complete.

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 476,228	\$ 43,973	\$ 43,973	\$	VARIOUS	\$ 308,991	71
72	Current Year Purchases	22,658	2,393	2,393		VARIOUS	2,396	72
73	Fully Depreciated Assets	181,797	1,099	1,099		VARIOUS	181,797	73
74								74
75	TOTALS	\$ 680,683	\$ 47,465	\$ 47,465	\$		\$ 493,184	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	car engine/bus/van	:dodge/other	98-'03	\$ 11,860	\$ 2,052	\$ 2,052	\$	3	\$ 11,658	76
77										77
78										78
79										79
80	TOTALS			\$ 11,860	\$ 2,052	\$ 2,052	\$		\$ 11,658	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 7,235,658	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 92,651	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 251,756	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 159,105	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,635,044	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$ N/A	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Omega Healthcare Investors

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

☒ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:		300	10/29/86	\$	10	10	3
4	Additions							4
5								5
6								6
7	TOTAL		300		\$			7

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized
by the length of the lease _____.

9. Option to Buy: ☒ YES ☐ NO Terms: sale / leaseback *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

☐ YES ☐ NO

16. Rental Amount for movable equipment: \$ 12,922 Description: copy machine \$12,617.31 and postage machine leases \$304.96

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Related Party - AMS		\$ 1,855.75	\$ 22,269	17
18					18
19					19
20					20
21	TOTAL		\$ 1,855.75	\$ 22,269	21

10. Effective dates of current rental agreement:

Beginning 11/1/01

Ending 10/31/06

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. 12/2004 \$ 1,176,050

13. 12/2005 \$ 1,176,050

14. 12/2006 \$ 1,176,050

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	2. CLASSROOM PORTION:	3. CLINICAL PORTION:
		IN-HOUSE PROGRAM <input type="checkbox"/>	IN-HOUSE PROGRAM <input type="checkbox"/>
		IN OTHER FACILITY <input type="checkbox"/>	IN OTHER FACILITY <input type="checkbox"/>
		COMMUNITY COLLEGE <input type="checkbox"/>	HOURS PER AIDE _____
		HOURS PER AIDE _____	

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

Skilled nurses on site

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 150,998	\$		\$ 150,998	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			490			490	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			89,734			89,734	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See pg 16A	# of prescrpts				52,111		52,111	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							
10	Academic Education		hrs							10
11	Exceptional Care Program									11
12										12
13	Other (specify):						103,439		103,439	13
14	TOTAL			\$		\$ 241,222	\$ 155,549		\$ 396,771	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>129,139</u>)	1,316,000		3
4	Supply Inventory (priced at <u>291</u>)	291		4
5	Short-Term Investments			5
6	Prepaid Insurance	16,732		6
7	Other Prepaid Expenses	2,248		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	86,878		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,422,149	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	935,649		15
16	Equipment, at Historical Cost	555,108		16
17	Accumulated Depreciation (book methods)	(1,034,169)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	99,062		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 555,650	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,977,799	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,857,213	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	227,566		28
29	Short-Term Notes Payable	66,317		29
30	Accrued Salaries Payable	263,728		30
31	Accrued Taxes Payable (excluding real estate taxes)	16,613		31
32	Accrued Real Estate Taxes(Sch.IX-B)	200,503		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Other accrued expenses</u>	114,980		36
37	<u>Due to affiliates</u>	2,028,134		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,775,054	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	96,208		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 96,208	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,871,262	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ (2,893,463)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,977,799	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,196,785)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,196,785)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,696,678)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,696,678)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (2,893,463)	24 *

* This must agree with page 17, line 47.

VII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 5,798,989	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,798,989	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	29,445	6
7	Oxygen	5,763	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 35,209	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	0	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	(1,792)	19
20	Radiology and X-Ray		20
21	Other Medical Services	3,534	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,742	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	290	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 290	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Void checks from 2002 and prior	8,322	28
28a	Recovery of bad debts & Write offs	8,633	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 16,956	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,853,184	30

	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,276,694	31
32	Health Care	2,080,876	32
33	General Administration	2,250,122	33
	B. Capital Expense		
34	Ownership	1,757,012	34
	C. Ancillary Expense		
35	Special Cost Centers	433,823	35
36	Provider Participation Fee	164,250	36
	D. Other Expenses (specify):		
37	Related party salary allocations	(412,915)	37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,549,862	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,696,678)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,696,678)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

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Facility Name & ID Number Alden Wentworth Rehab & HCC

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Report Period Beginning: 1/1/2003

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XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,191	2,247	\$ 87,166	\$ 38.79	1
2	Assistant Director of Nursing	2,405	2,469	70,029	28.36	2
3	Registered Nurses	6,486	7,073	173,137	24.48	3
4	Licensed Practical Nurses	31,670	33,762	668,834	19.81	4
5	Nurse Aides & Orderlies	76,064	82,453	714,889	8.67	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	7,311	7,958	67,087	8.43	10
11	Social Service Workers	1,968	2,080	32,100	15.43	11
12	Dietician					12
13	Food Service Supervisor	2,031	2,207	34,051	15.43	13
14	Head Cook	5,893	6,399	57,860	9.04	14
15	Cook Helpers/Assistants	13,588	14,759	124,971	8.47	15
16	Dishwashers					16
17	Maintenance Workers	2,064	2,080	41,722	20.06	17
18	Housekeepers	19,512	21,325	198,719	9.32	18
19	Laundry	5,824	6,665	55,709	8.36	19
20	Administrator	1,704	1,712	74,308	43.40	20
21	Assistant Administrator	320	320	8,237	25.74	21
22	Other Administrative	5,752	6,048	115,546	19.10	22
23	Office Manager					23
24	Clerical	4,608	4,970	53,824	10.83	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,100	3,284	92,460	28.15	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	192,491	207,811	\$ 2,670,649 *	\$ 12.85	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 2,100	1-3	35
36	Medical Director	Monthly	42,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	7,200	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	94	2,636	11-3	44
45	Social Service Consultant	19	1,079	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	113	\$ 55,015		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$ N/A		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		\$		53

Facility Name & ID Number Alden Wentworth Rehab & HCC

0026435

Report Period Beginning: 1/1/2003

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XIX. SUPPORT SCHEDULES

A. Administrative Salaries			D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Osemwengin, Faith	Administrator	0	\$ 52,530	Workers' Compensation Insurance	\$ 50,941	IDPH License Fee	\$	
Miller-Johnson, Joelynn	Administrator	0	21,778	Unemployment Compensation Insurance	38,139	Advertising: Employee Recruitment		
				FICA Taxes	204,321	Health Care Worker Background Check	302	
				Employee Health Insurance	18,942	(Indicate # of checks performed <u>43</u>)		
C. Correll	assist. Admin		12,237	Employee Meals	32,479			
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fees	1,070	
Executive / Management	Executive Mgmt		75,952	Marketing Employ.Benefits Deduction	(6,504)	II Health Care Assoc.	8,301	
TOTAL (agree to Schedule V, line 17, col. 1)				Union Health & Welfare	34,644	Software License	123	
(List each licensed administrator separately.)			\$ 162,497	Dental, Life & Pension Costs	21,773			
B. Administrative - Other				Relations, Misc., & Tuition	2,335	Related Party - AMS	545	
Description			Amount	Drug Tests, 401k Match, Vaccinations, Chi Head T	8,811	Less: Public Relations Expense	()	
			\$	Related Party - AMS	57,377	Non-allowable advertising	()	
				Related Party - FECH	1,021	Yellow page advertising	()	
				TOTAL (agree to Schedule V, line 22, col.8)	\$ 464,278	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 10,341	
TOTAL (agree to Schedule V, line 17, col. 3)			\$	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
(Attach a copy of any management service agreement)				Description	Line #	Amount	Description	Amount
C. Professional Services							Out-of-State Travel	\$
Vendor/Payee	Type	Amount						
AMS	Management Fees	\$ 880,800					In-State Travel	
BDO Seidman	Accounting Fees	10,196					Misc / Gas / Repairs	37
Ken Fisch / B. Greenburg	Legal Fees	30,974					Related Party - AMS	12,082
Janet L. Hermann	Legal Fees	1,312					Seminar Expense	
Medi.com	Billing Consultants	587					C.C.P. Sanitation	285
Jennings Law / Dana Cons.	401k & prof services	680					American Express (Gold)	180
Midwest Appraisal	Property Assessment	3,000					Entertainment Expense	()
TALX	Unemployment Cons.	220					(agree to Sch. V, line 24, col. 8)	
Schmidt, Salzman & Moran	RE Tax work	21,427					TOTAL	\$ 12,584
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL	\$			
(If total legal fees exceed \$2500 attach copy of invoices.)			\$ 949,196					

* Attach copy of IMRF notifications

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
 (See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13	
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	
2	See Page 22A	2/89-12/94	130,230										
3	See Page 22B	2/95-12/95	30,435	3-20	1,182	1,124	1,124	1,124	1,124	1,124	1,124	1,124	
4	See Page 22C	1/96-12/96	43,836	3-20	1,356	1,356	1,356	1,356	1,356	1,356	1,356	1,356	
5	See Page 22D	2/97-12/97	32,043	3	6,211								
6	See Page 22E	1/98-12/98	32,985	3	10,995	5,676							
7	See Page 22F	3/99-8/99	30,523	3	10,174	10,174	4,641						
8	See Page 22G	3/00-6/00	44,766	3	9,081	14,922	14,922	5,841					
9	See Page 22H	7/01-12/01	8,300	3		816	2,767	2,767	1,950				
10	GT Mech(replace compres	7/02	1,657	3			276	552	552	277			
11	GT Mech(replace pump se	5/02	3,183	3			530	1,061	1,061	531			
12	GT Mech(replace fan mot	4/02	1,905	3			318	635	635	317			
13	ABC --(hardware corner g	11/02	1,672	3			46	557	557	512			
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 361,535		\$ 38,999	\$ 34,068	\$ 25,980	\$ 13,893	\$ 7,235	\$ 4,117	\$ 2,480	\$ 2,480	\$ 2,480

Facility Name & ID Number Alden Wentworth Rehab & HCC

STATE OF ILLINOIS

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Report Period Beginning:

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XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN, LPN, NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IL. Healthcare Assoc \$11,880
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5-20 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 8,382 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? Yes
If YES, give effective date of lease. 10/31/06
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 164,250
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 32,479 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: BDO Seidman The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Not yet completed
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.

Alden Nursing Center - Wentworth
Reporting Period Beginning
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Reclassifications - Pgs 3 and 4

From Line	To Line	Amount	Description
2		(32,479)	Employee Meal
	22	32,479	Employee Meal
22		(4,284)	Uniforms
	10	3,331	Uniforms
	6	0	Uniforms
	4	121	Uniforms
	1	363	Uniforms
	3	179	Uniforms
	11	162	Uniforms
	21	128	Uniforms
19		(24,427)	R/E Tax Appeal
	33	24,427	R/E Tax Appeal
		<hr/> (0)	Net should be 0